

PRE-TREATMENT INSTRUCTIONS: DENERVATION INJECTIONS (BOTOX®)

Patient Name _____

Date _____

Successful treatment requires a partnership between you and _____,MD

The following instructions are essential to a safe experience and good outcome. Use this as a checklist for your treatment. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your treatment may be postponed, delayed or discontinued at the judgment of _____, MD
This is essential to your health and safety.

PRIOR TO YOUR INJECTION TREATMENT:

Treatment may occur on the day it is prescribed, or there may be several days or weeks before your treatment is scheduled. In general, the following is recommended prior to any denervation treatment.

STOP taking or using the following no less than 2 weeks before your treatment. This may reduce any _____ bruising that may occur.

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John's Wort
- Garlic Supplements
- Green Tea or green tea extracts
- Ginko
- All other medications indicated

THE DAY OF TREATMENT

If you request, or if **Dr. (NAME)** recommends, you may be given a topical anesthetic to apply prior to arriving at our office, or at the office and prior to your treatment. Follow instructions for applying the anesthetic exactly as directed.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness